

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

Robert R. Liebling, Lily L. Zhao

Case No. ----

07CV6406
JUDGE DARRAH
MAG. JUDGE KEYS
I
N

TO: (Name and address of Defendant)

• Emilio T. Gonzalez, Director
U.S. Citizenship and Immigration Services
20 Massachusetts Ave., NW
Washington, DC 20529

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Scott Bratton
3150 Chester Ave.
Cleveland, OH 44114

an answer to the complaint which is herewith served upon you, within sixty (60) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MICHAEL W. DOBBINS, CLERK

LIRI ISUFI

(By) DEPUTY CLERK

NOV 13 2007

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE	11/26/07
NAME OF SERVER (PRINT) Scott Bratton	TITLE	Attorney
Check one box below to indicate appropriate method of service		

G Served personally upon the defendant. I,

IR: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete
 item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse
 side of this card so that we can return the card to you.

G Left copies thereof at the defendant's residence or office, or at the discretion of the defendant, or residing therein. Attach this card to the back of the mailpiece, or on the front if space permits.

Name of person with whom the summons was served:

Article Addressed to:

Emilio Gonzales
 Director - USCIS
 Washington, DC 20520

G Returned unexecuted:

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

DHS

C. Date of Delivery

11/26/07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

X Other (specify): certif

2. Article Number
(Transfer from service label)

7007 0710 0005 4010 4314

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
		\$ 7.50

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 01/09/08
 Date


 Signature of Server

3150 Chester Ave., Cleveland, OH 44114
 Address of Server